

2/12/2014

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
TN1702(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
2/12/2014

Name of Facility

ALAMO NURSING AND REHABILITATION CENTER

Street Address, City, State, Zip Code

580 W MAIN STREET
ALAMO, TN 38001

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix N0767	01/15/2014	ID Prefix N1216	01/25/2014	ID Prefix	
Reg. # 1200-8-6-.06(9)(i)		Reg. # 1200-8-6-.12(1)(p)		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

✓

Reviewed By

JP

State Agency

Reviewed By

CMS RO

Followup to Survey Completed on:

1/15/2014

Date:

2/12/14

Date:

Signature of Surveyor:

JP PHN

Signature of Surveyor:

Date:

2/12/14

Date:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO